

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | MW       |        | 11-27    |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | AB       | 535    | 12-13-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

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 Allowed A  
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 Objected

| Claim | Date | Claim | Date | Claim | Date |
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If more than 150 claims or 10 actions  
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